

**POPOVICH, WILES
& O'CONNELL, P.A.**

ATTORNEYS AND COUNSELORS AT LAW

OCT 14 2004

Suite 600
650 Third Avenue South
Minneapolis, Minnesota 55402
(612) 334-8989
Fax (612) 334-8994Terry L. Wiles
(612) 334-8992

To: Examiner Suzette J. Jackson Group Art Unit: 3738 Serial No.: 10/626,292 Company: United States Patent and Trademark Office Location: Arlington, VA Phone: 703-308-6516 Fax: 703-872-9306	From: Terry L. Wiles Direct phone: 612-334-8992 Date: October 14, 2004 Pages including cover sheet: 12 Reference #: 415
---	--

Comments:

Certification of Facsimile Transmission

I hereby certify that 12 pages including cover are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

Date: October 14, 2004Signature: Name: Jodi Jung

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED SOLELY FOR THE USE OF THE PERSONS OR ENTITIES NAMED ABOVE. IF YOU ARE NOT SUCH PERSONS OR ENTITIES, YOU ARE HEREBY NOTIFIED THAT ANY DISTRIBUTION, DISSEMINATION OR REPRODUCTION OF THIS FACSIMILE MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE IMMEDIATELY CALL US COLLECT AT (612) 334-8989.

BEST AVAILABLE COPY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Giovanni Rolando et al. Attorney Docket: SBC1003USC3
 Serial No.: 10/626,292 Group Art Unit: 3738
 Filed: July 24, 2003 Examiner: Suzette J. Jackson
 For: ANGIOPLASTY STENTS

RECEIVED
 CENTRAL FAX CENTER

OCT 14 2004

AMENDMENT TRANSMITTAL

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith are an Amendment and Response (8 pages); and a Petition for Extension of Period for Response (1 page).

☒ The fee for a one-month extension of time is enclosed.

☒ No additional claim fee is required.

The fee has been calculated as shown below:

					Small Entity		Other than a Small Entity	
	Claims remaining after amendment		Highest number previously paid for	Extra Claims Present	Addit. Claim Fee Rate		Addit. Claim Fee Rate	
Total	13	Minus	20	0	x 9		x 18	0
Independent	2	Minus	3	0	x 44		x 88	0
First presentation of multiple dependent claim					x 150		x 300	
Total							Total	0

Certificate of Facsimile Transmission

I hereby certify that 12 pages including cover are being facsimile transmitted to U.S. Patent and Trademark Office on the date shown below:

Date: October 14, 2004

Signature: Jodi Jung

Name: Jodi Jung

Amendment Transmittal

Applicants: Giovanni Rolando et al.

Serial Number: 10/626,292

Attorney Docket: SBC1003USC3

- ☒ Please charge Deposit Account No. 16-2312 in the amount of \$110.00 to cover the fee for a one-month extension of time.
- ☐ A check in the amount of \$_____ is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2312.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

Date: 10/14/04By 

Customer No. 009561

Terry L. Wiles, Esq. (29,989)

Patrick J. O'Connell, Esq. (33,984)

Cecilia Jaisle, Esq. (28,824)

Miriam G. Simmons, Ph.D. (34,727)

POPOVICH, WILES & O'CONNELL, P.A.

650 Third Avenue South, Suite 600

Minneapolis, MN 55402

Telephone: (612) 334-8989

Representatives of Applicants

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.